PART B! FEE(S) TRANSMITTAL

Complete and send t	his form, together wit	h applicable fo		Mail Stop ISSUE Commissioner for P.O. Box 1450 Alexandria, Virg	r Patents	
, S. (.			or <u>Fax</u>	(703) 746-4000	and) Blooks 1 through 5	should be completed where
ANSTRUCTIONS: This for appropriate. Att further con indicated unities corrected maintenance fee notification	rm should be used for tran respondence including the lobelow or directed otherwise as.	Patent, advance or in Block 1, by (a	ders and notification) specifying a new of	of maintenance fees vecorrespondence address;	vill be mailed to the curren and/or (b) indicating a sep	should be completed where at correspondence address as parate "FEE ADDRESS" for
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24319 75	590 06/06/2005			have its own certificate	of mailing or transmission	
LSI LOGIC CORPORATION 1621 BARBER LANE MS: D-106 MIL DITAS: CA 05035				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
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8/05/2005 HDESTA2 00000057 122252 09758909				Conside	200 Cart	(Signature)
01 FC:1501 1400.00 DA				8/02/05 (Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/758,909	01/10/2001		Sandeep Jaggi		30454-00274 / 99-392	9228
TITLE OF INVENTION: M	IETHOD AND APPARATU .	S FOR MANAGII	NG ACCOUNTS PA	YABLE		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0	\$1400	09/06/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
POINVIL,	FRANTZY	3628		705-040000		
Address form PTO/SB/13 "Fee Address" indicates	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use	ation form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	RESIDENCE DATA TO B		· ·	, , ,		
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(A) NAME OF ASSIGN	EE	(В) RESIDENCE: (CI	TY and STATE OR CO	UNTRY)	
LSI Logic Corporation Milp				itas, CA		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent):	☐ Individual ☐ C	orporation or other private g	group entity Government
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s):			
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` ' '				redit card. Form PTO-2038 is attached. is hereby authorized by charge the required fee(s), or credit any overpayment, to Number 12-252 (enclose an extra copy of this form).		
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	(from status indicated above MALL ENTITY status. See		☐ b. Applicant is n	o longer claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).
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Authorized Signature		Mogri		Date	811/05	
Typed or printed name _			·		No. 43,331	
Alexandria, Vilginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT for reducing this burden, shinia 22313-1450. DO NOT 1450. tion Act of 1995, no persons					nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number.

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